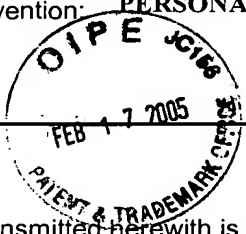
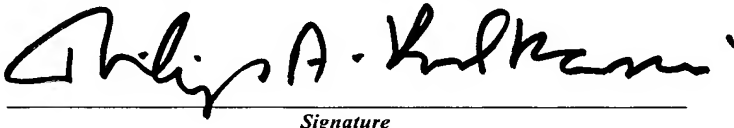





FW

|  |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
|--|---|---------------------------------------|---|---------------------------------|---------------------------------|---|--|--|--|----------------------|--|---|--|
| <b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>   |   |                                       |   | <b>Docket No.</b><br>7175-73311 |                                 |   |  |  |  |                      |  |   |  |
| <b>Applicant(s):</b> Dennis J. Gallant   |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
| <b>Application No.</b><br>10/643,045   | <b>Filing Date</b><br>8/18/03               | <b>Examiner</b><br>Fetsuga, Robert M. | <b>Customer No.</b><br>23643  | <b>Group Art Unit</b><br>3751   | <b>Confirmation No.</b><br>3106 |   |  |  |  |                      |  |   |  |
| <b>Invention:</b> PERSONAL CARE MODULE   |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
| <br><b>COMMISSIONER FOR PATENTS:</b>  |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.  |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
| <b>CLAIMS AS AMENDED</b>   |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
|  | <b>CLAIMS REMAINING<br/>AFTER AMENDMENT</b> | <b>HIGHEST #<br/>PREV. PAID FOR</b>   | <b>NUMBER EXTRA<br/>CLAIMS PRESENT</b>  | <b>RATE</b>                     | <b>ADDITIONAL<br/>FEE</b>       |   |  |  |  |                      |  |   |  |
| <b>TOTAL CLAIMS</b>  | 14 -  | 24 =                                  | 0   | x \$50.00                       | \$0.00                          |   |  |  |  |                      |  |   |  |
| <b>INDEP. CLAIMS</b>   | 4 -   | 3 =                                   | 1   | x \$200.00                      | \$200.00                        |   |  |  |  |                      |  |   |  |
| <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>  |   |                                       |   |                                 | \$0.00                          |   |  |  |  |                      |  |   |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>   |   |                                       |   |                                 | \$200.00                        |   |  |  |  |                      |  |   |  |
| <input type="checkbox"/> No additional fee is required for amendment.<br><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____<br><input checked="" type="checkbox"/> A check in the amount of <b>\$200.00</b> to cover the filing fee is enclosed.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>10-0435</b><br><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.<br><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038. |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
| <br>_____<br><i>Signature</i>  |   |                                       | <b>Dated:</b> 2-14-05   |                                 |                                 |   |  |  |  |                      |  |   |  |
| <b>Dilip A. Kulkarni</b><br><b>BARNES &amp; THORNBURG LLP</b><br>11 S. Meridian Street<br>Indianapolis, IN 46204<br>(317) 231-7419<br><br><b>Attorney Reg. No. 27,510</b>  |   |                                       | <table border="1" style="width:100%"><tr><td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on<br/>2/14/05<br/>(Date)</td></tr><tr><td colspan="2"><br/>_____<br/><i>Signature of Person Mailing Correspondence</i></td></tr><tr><td colspan="2" style="text-align:center"><b>Karla I. Mays</b></td></tr><tr><td colspan="2" style="text-align:center"><i>Typed or Printed Name of Person Mailing Correspondence</i></td></tr></table> |                                 |                                 | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on<br>2/14/05<br>(Date) |  | <br>_____<br><i>Signature of Person Mailing Correspondence</i> |  | <b>Karla I. Mays</b> |  | <i>Typed or Printed Name of Person Mailing Correspondence</i> |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on<br>2/14/05<br>(Date)  |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
| <br>_____<br><i>Signature of Person Mailing Correspondence</i>   |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
| <b>Karla I. Mays</b>   |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
| <i>Typed or Printed Name of Person Mailing Correspondence</i>  |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |
| <b>cc:</b>   |   |                                       |   |                                 |                                 |   |  |  |  |                      |  |   |  |

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.: 23643  
Art Unit: 3751  
Confirmation No.: 3106  
Application No.: 10/643,045  
Invention: PERSONAL CARE MODULE  
Inventor: Dennis J. Gallant  
Filed: August 18, 2003  
Attorney  
Docket: 7175-73311  
Examiner: Fetsuga, Robert M.

Certificate Under 37 CFR 1.8(a)  
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 2/14/05  
Karla L. Mays  
(Signature)

Karla L. Mays  
(Printed Name)

### AMENDMENT AND RESPONSE

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated December 21, 2005, please amend the subject application as provided below, and consider the following remarks.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 5 of this paper.